

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: AS**  
**APPLICATION YEAR: 2011**

---

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2011](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)
- NEW STATE PERFORMANCE MEASURES FOR THE 2011-2015 NEEDS ASSESSMENT PERIOD
  - [FORM 11 - STATE PERFORMANCE MEASURES](#)
  - [FORM 12 - STATE OUTCOME MEASURES](#)
  - [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2011**

*[Secs. 504 (d) and 505(a)(3)(4)]*

**STATE: AS**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 149,600 ( 30.01 %)

B.Children with special health care needs:

\$ 149,535 ( 30 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 49,844 ( 10 %)

(The above figure cannot be more than 10% ) [Sec. 504(d)]

\$ 498,448

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 509,523

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 318,604

\$ 509,523

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,007,971

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 100,000

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,107,971

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: AS**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 527,373	\$ 527,373	\$ 541,064	\$ 505,547	\$ 541,064	\$ 541,064
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 398,759	\$ 398,759	\$ 405,798	\$ 405,798	\$ 405,798	\$ 405,798
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 926,132	\$ 926,132	\$ 946,862	\$ 911,345	\$ 946,862	\$ 946,862
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 100,000	\$ 100,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,026,132	\$ 1,026,132	\$ 1,111,862	\$ 1,076,345	\$ 1,111,862	\$ 1,111,862
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: AS**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 516,208	\$ 498,448	\$ 538,894	\$	\$ 498,448	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 387,156	\$ 387,156	\$ 404,180	\$	\$ 509,523	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>7. Subtotal</b>	\$ 903,364	\$ 885,604	\$ 943,074	\$ 0	\$ 1,007,971	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 100,000	\$ 100,000	\$ 100,000	\$	\$ 100,000	\$
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,003,364	\$ 985,604	\$ 1,043,074	\$ 0	\$ 1,107,971	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

None

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

*[Secs 506(2)(2)(iv)]*

**STATE: AS**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 134,150	\$ 134,150	\$ 142,029	\$ 142,029	\$ 142,029	\$ 142,029
b. Infants < 1 year old	\$ 134,150	\$ 134,150	\$ 142,029	\$ 142,029	\$ 142,029	\$ 142,029
c. Children 1 to 22 years old	\$ 280,711	\$ 280,711	\$ 284,058	\$ 264,058	\$ 284,058	\$ 284,058
d. Children with Special Healthcare Needs	\$ 284,508	\$ 284,508	\$ 284,058	\$ 268,541	\$ 284,058	\$ 284,058
e. Others	\$ 0	\$ 0	\$ 36,526	\$ 36,526	\$ 36,526	\$ 36,526
f. Administration	\$ 92,613	\$ 92,613	\$ 58,162	\$ 58,162	\$ 58,162	\$ 58,162
g. SUBTOTAL	\$ 926,132	\$ 926,132	\$ 946,862	\$ 911,345	\$ 946,862	\$ 946,862
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
MCB SOHCS	\$ 0		\$ 0		\$ 65,000	
MCHB SOHCS	\$ 0		\$ 65,000		\$ 0	
<b>III. SUBTOTAL</b>	\$ 100,000		\$ 165,000		\$ 165,000	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: AS**

	FY 2009		FY 2010		FY 2011	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 135,505	\$ 135,505	\$ 138,679	\$	\$ 149,534	\$
b. Infants < 1 year old	\$ 135,504	\$ 135,504	\$ 158,679	\$	\$ 152,857	\$
c. Children 1 to 22 years old	\$ 271,009	\$ 271,009	\$ 297,358	\$	\$ 454,947	\$
d. Children with Special Healthcare Needs	\$ 271,010	\$ 253,250	\$ 269,402	\$	\$ 149,535	\$
e. Others	\$ 35,000	\$ 35,000	\$ 28,956	\$	\$ 51,254	\$
f. Administration	\$ 55,336	\$ 55,336	\$ 50,000	\$	\$ 49,844	\$
g. SUBTOTAL	\$ 903,364	\$ 885,604	\$ 943,074	\$ 0	\$ 1,007,971	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
<b>III. SUBTOTAL</b>	\$ 100,000	\$ 100,000	\$ 100,000



<b>FORM NOTES FOR FORM 4</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: AS**

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 398,236	\$ 398,236	\$ 407,150	\$ 407,150	\$ 407,150	\$ 407,150
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 157,442	\$ 157,442	\$ 151,497	\$ 121,497	\$ 151,497	\$ 151,497
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 46,306	\$ 46,306	\$ 236,715	\$ 231,715	\$ 236,715	\$ 236,715
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 324,148	\$ 324,148	\$ 151,500	\$ 150,983	\$ 151,500	\$ 151,500
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 926,132	\$ 926,132	\$ 946,862	\$ 911,345	\$ 946,862	\$ 946,862

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: AS**

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 397,480	\$ 397,480	\$ 424,383	\$	\$ 503,986	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 117,438	\$ 117,438	\$ 141,461	\$	\$ 151,196	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 225,841	\$ 208,081	\$ 226,339	\$	\$ 251,992	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 162,605	\$ 162,605	\$ 150,891	\$	\$ 100,797	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 903,364	\$ 885,604	\$ 943,074	\$ 0	\$ 1,007,971	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2008  
**Field Note:**

The significant increase in Population-Based Services from 2006 to 2007 reflects additional resources devoted to Oral Health and Outreach/Public Education. These efforts are reflected in efforts to increase the number of 3rd graders who received dental sealants, increasing outreach to promote nutrition, physical activity, and breastfeeding.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: AS						
Total Births by Occurrence: 1,361				Reporting Year: 2009		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

**FORM NOTES FOR FORM 6**

American Samoa does not have a State Mandated Newborn Metabolic Screening program.

### FIELD LEVEL NOTES

None

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: AS**

**Reporting Year: 2009**

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,349	100.0				
Infants < 1 year old	1,361	100.0				
Children 1 to 22 years old	3,312	100.0				
Children with Special Healthcare Needs	146	100.0				
Others	259	100.0				
TOTAL	6,427					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

None



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: AS**

Reporting Year: 2009

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,361	6	0	0	59	1,296	0	0
Title V Served	1,361	6	0	0	59	1,296	0	0
Eligible for Title XIX	1,361	6	0	0	59	1,296	0	0
<b>INFANTS</b>								
Total Infants in State	1,361	6	0	0	59	1,296	0	0
Title V Served	1,361	6	0	0	59	1,296	0	0
Eligible for Title XIX	1,361	6	0	0	59	1,296	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,341	0	0	0	0	0	0	0
Title V Served	1,361	0	0	0	0	0	0	0
Eligible for Title XIX	1,361	0	0	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	1,361	0	0	0	0	0	0	0
Title V Served	1,361	0	0	0	0	0	0	0
Eligible for Title XIX	1,199	0	0	0	0	0	0	0

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

None

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: AS**

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: AS**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>
2. State MCH Toll-Free "Hotline" Name	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti
3. Name of Contact Person for State MCH "Hotline"	<u>Jacki Tulafono, MCH Coc</u>	<u>Jacki Tulafono, MCH Coc</u>	<u>acki Tulafono, MCH Coor</u>	<u>Jacki Tulafono, MCH Coc</u>	<u>Jacki Tulafono, MCH Coc</u>
4. Contact Person's Telephone Number	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>
5. Contact Person's Email	<u>jmtulafono@gmail.com</u>	<u>200</u>			
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>250</u>	<u>200</u>	<u>350</u>

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2011**  
[SEC. 506(A)(1)]  
**STATE: AS**

1. State MCH Administration:  
(max 2500 characters)

The MCH Title V program is currently administered under the Deputy Director of Health in the administrative offices of the Department of Health. The Department is currently under going changes in the organization, and these changes will be reflected in the updates or next block grant application for American Samoa.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 498,448
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 509,523
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 1,007,971</b>

9. Most significant providers receiving MCH funds:

Tafuna Family, Amouli, Leone Health Centers

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,349
b. Infants < 1 year old	1,361
c. Children 1 to 22 years old	3,312
d. CSHCN	146
e. Others	259

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

The MCH Program works collaboratively with the community health centers and the American Samoa Medical Authority to provide direct health services to pregnant women, infants and children. These services are provided through the Well Baby/Child and Prenatal Clinics with referrals to the hospital for acute and/or treatment services.

b. Population-Based Services:  
(max 2500 characters)

MCH Continues to partner with the Immunization Program to provide population based services such as immunization to infants and children. The Helping Hands program is also an important partner, providing newborn hearing screening services.

c. Infrastructure Building Services:  
(max 2500 characters)

MCH staff continue to engage key partners and stakeholders in program planning and decision making relative to MCH services. MCH staff and clinicians provide leadership within the Department of Health and the community health centers.

12. The primary Title V Program contact person:

Name	Jacki Tulafono
Title	MCH Coordinator
Address	PO Box 7132
City	Pago Pago
State	AS
Zip	96799
Phone	684-633-4616
Fax	684-633-4617
Email	jmtulafono@gmail.com
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Jacki Tulafono
Title	MCH Coordinator
Address	PO Box 7132
City	Pago Pago
State	AS
Zip	96799
Phone	684-633-4616
Fax	684-633-4617
Email	jmtulafono@gmail.com
Web	



**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form10\_Most significant providers receiving MCH funds

**Field Name:** ProviderFund1

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

The Tafuna Family, Leone and Amouli Health Centers are the most significant partners in providing MCH Services and are recipients of support from MCH.



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AS**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	0		10	0	0
Annual Indicator	0.1	0.1	0.0	0.0	0.0
Numerator	1	1	0	0	0
Denominator	1,720	1,442	1,291	1,338	1,361
Data Source				Newborn records	Newborn records
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 AS does not have a state mandated newborn screening program.

2. **Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 AS does not have a state mandate newborn screening program.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	35	45	45	90	90
Annual Indicator	35.0	35.0	89.3	89.3	75.0
Numerator	21	21	125	125	30
Denominator	60	60	140	140	40
Data Source				CSHCN Program records	CSHCN Program Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	75	77	79	80	85
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This data was reported by the CSHCN team after completing a telephone survey of 40 families. This is 27.4% of the total CSHCN population. Results showed that over half (of those surveyed were very satisfied, 18% were somewhat satisfied, 7% were not satisfied).

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	0	98	65	90	90
Annual Indicator	54.8	85.7	89.3	89.3	20.0
Numerator	80	120	125	125	8
Denominator	146	140	140	140	40

**Data Source**

CSHCN Program CSHCN Program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This data was reported by the CSHCN team after completing a telephone survey of 40 families. This is 27.4% of the total CSHCN population. 20% of those surveyed reported that services were coordinated and comprehensive within a medical home.

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	146	140	140	136	146
<b>Denominator</b>	146	140	140	136	146
<b>Data Source</b>				CSHCN Program	CSHCN Program
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0	60	60	43	43
Annual Indicator	51.7	50.0	42.9	42.9	75.0
Numerator	31	30	60	60	30
Denominator	60	60	140	140	40
Data Source				CSHCN Program	CSHCN Program Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	45	45	50	50	50
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This data was reported by the CSHCN team. The same percentage of those who reported satisfactory with services they received, also thought that the community-based service systems were also organized.

2. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	50	22	23
Annual Indicator	0.0	0.0	21.4	21.4	61.5
Numerator	0	0	30	30	8
Denominator	146	140	140	140	13
Data Source				CSHCN Program	CSHCN Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	63	65	67	69	70
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

This data was reported by the CSHCN team. It is reported that 13 clients were identified as youth in need of transition. Only 8 clients were successfully transitioned.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	<u>85</u>	<u>75</u>	<u>72</u>	<u>73</u>	<u>70</u>
<b>Annual Indicator</b>	<u>75.1</u>	<u>70.3</u>	<u>69.7</u>	<u>68.9</u>	<u>56.0</u>
<b>Numerator</b>	<u>1,868</u>	<u>1,684</u>	<u>1,667</u>	<u>1,540</u>	<u>540</u>
<b>Denominator</b>	<u>2,488</u>	<u>2,396</u>	<u>2,390</u>	<u>2,234</u>	<u>965</u>
<b>Data Source</b>				Immunization Coverage Survey	Well Baby Clinic records for Amouli, Tafuna and Le
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	<u>60</u>	<u>62</u>	<u>62</u>	<u>64</u>	<u>65</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

This data was generated from the community health centers' Well Baby Clinic records, in Amouli, Tafuna and Leone. The ASIP have yet to finalize their report for their 2009 survey.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

This data was reported by the ASIP after completing an immunization coverage survey. The program staff collected their data from Well Baby Clinics records.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	21	20	11	10	14
Annual Indicator	11.7	11.0	14.8	15.6	18.9
Numerator	22	33	27	29	29
Denominator	1,883	2,990	1,828	1,856	1,535
Data Source				Vital Statistics	Labor and Delivery Logbook and Vital Statistics
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	18	17	16	15	14
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None



**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	35	25	32	45	45
Annual Indicator	4.2	41.9	44.1	60.7	43.0
Numerator	72	609	631	639	459
Denominator	1,699	1,455	1,430	1,053	1,067

**Data Source**MCH School  
Outreach DataMCH School  
Outreach

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	45	47	50	52	55
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	4	4	3
Annual Indicator	0.0	4.4	3.8	0.0	4.5
Numerator	0	1	1	0	1
Denominator	23,487	22,720	26,444	25,783	22,212

Data Source

Vital Statistics

Death Data from  
HISO-ASHA

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective		35	36	36	37
Annual Indicator	35.4	34.2		45.0	19.4
Numerator	585	675		605	42
Denominator	1,652	1,973		1,345	216
Data Source				Well Baby clinic Data	Leone & Amouli Well Baby Clinic Data
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	37	38	39	40	43
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data reported for this measure is a sample survey of mothers who access services at the Leone (western district) and Amouli (eastern district) clinics but does not include the two larger clinics in the central areas.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported for this measure in 2007 reflects data collected from the two largest Well Baby Clinics. Data has not been collected from the two smaller clinics at the time of this report. This data will be corrected once it has been analyzed.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0
Numerator	0	0	0	0
Denominator	1,720	1,442	1,291	1,338
Data Source				No Data source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

Part C &amp; HISO-ASHA

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	91	92	92	93
Annual Indicator				
Numerator				
Denominator				

93

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

This data was reported by Part C, Helping Hands Early Intervention. Their program staff carries out newborn hearing screening at the LBJ Medical Center's nursery room prior to discharge.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

AS does not have a hearing screening program.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	22,720	26,444	26,863	26,863
Data Source				Census Estimates	Census Estimates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes	Yes	
	Provisional	Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for healthcare are the administrative fees charged at the hospital.

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

3. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		50	50	14	14
Annual Indicator	0.0	0.0	14.0	14.3	33.6
Numerator	0	0	1,230	1,053	1,421
Denominator	2,031	3,341	8,791	7,358	4,225
Data Source	Well Baby database WIC Data				
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	33	33	32	32	31
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This data was reported by American Samoa's WIC Program.

2. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

This data was generated from the Well Baby Clinic records.

3. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported for this measure is of the children served at the Well Baby Clinics as WIC is unable to extract this data from the current WIC database.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	10	7	
Annual Indicator	0.0	2.1	3.3	2.5	2.5
Numerator	0	30	10	8	8
Denominator	1,720	1,442	300	314	314

**Data Source**

PRAMS-like survey PRAMS-like survey

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	5	3	2	1	1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

No data is available at this time. This data was usually collected from the pregnancy risk assessment survey. But there was no PRAMS-like survey for 2009.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	41	40	40	39	15
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	5,223	5,430	5,320	6,317	5,223
Data Source				Vital Statistics	Vital Statistics & 2000 Census
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Enter a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

There have been no data reported on this performance measure from Vital statistics.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

There were no events reported for this measure.

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

There were no events reported for this measure.



**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,720	1,442	1,291	1,338	1,361
Data Source				Vital statistics	HISO-ASHA
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 American Samoa does not have a high risk birthing facility.
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 AS does not have a high risk birthing facility.
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 AS does not have a facility for high risk deliveries.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	13	13	14	14	19
Annual Indicator	14.7	15.0	22.1	19.5	23.1
Numerator	73	82	96	225	155
Denominator	496	547	435	1,153	670
Data Source				MCH Database	MCH Kotelchuck Index Data
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	22	22	21	21	20
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

American Samoa does not use the US Standard Birth Certificate, therefore the data reported for this measure is collected manually by MCH staff from prenatal and maternity records.

2. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

American Samoa does not use the US Standard Birth Certificate, therefore the data reported for this measure is collected manually by MCH staff from prenatal and maternity records.

3. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is preliminary data collected thus far. It is a sampling of the prenatal records. This is only provisional and will be updated in the progress report in December 2008.



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AS**

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		10	11	12	13
Annual Indicator	14.7	15.0	22.1	18.2	40.7
Numerator	73	82	96	210	273
Denominator	496	547	435	1,151	670
Data Source				MCH data system	Postpartum and Infant data cards
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	18	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported for this measure is collected by the MCH staff, but does not include 100% of live births. The denominator is the total number of records collected by MCH staff. As AS does not use the US Standard birth certificate, prenatal history data is not readily available but must be collected manually.

**2. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This data was collected from a random sample of prenatal records. Thus is provisional.

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		98	50	60	90
Annual Indicator	97.9	76.4	87.9	91.9	100.0
Numerator	143	107	123	125	146
Denominator	146	140	140	136	146
Data Source				CSHCN data	CSHCN data
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	91	92	93	95	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		12	14	16	18
Annual Indicator	35.3	10.8	14.9	31.4	9.7
Numerator	1,067	362	563	1,532	28
Denominator	3,020	3,341	3,791	4,875	289
Data Source				MCH Data system	Leone and Amouli Well Baby Clinics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>20</u>	<u>22</u>	<u>22</u>	<u>23</u>	<u>          </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		25	25	30	31
Annual Indicator	31.2	27.1	31.2	54.6	16.9
Numerator	516	416	353	605	40
Denominator	1,652	1,534	1,132	1,109	237
Data Source				MCH data system	Leone and Amouli Well Baby Clinics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>31</u>	<u>32</u>	<u>32</u>	<u>33</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		40	39	24	24
Annual Indicator	0.0	40.0	24.2	24.2	24.2
Numerator	0	614	878	878	878
Denominator	1,535	1,535	3,625	3,625	3,625
Data Source				YRBS data	2007 YRBS data
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>22</u>	<u>22</u>	<u>20</u>	<u>20</u>	<u>          </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator reported for this measure is the total number of survey participants in the 2007 YRBS, which had greater success in response rate than in previous years.



**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		54	29	29	28
Annual Indicator	30.0	31.0	10.9	27.2	62.6
Numerator	517	484	157	339	144
Denominator	1,726	1,562	1,440	1,245	230
Data Source				MCH data system	Tafuna and Leone WBC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	28	27	27	26	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**1. **Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

In 2007 there was equipment failure with the hemoglobin testing units. For this reason the data reported for this year reflects a much smaller number of children screened. The program has since ordered new machines and this data is expected to be a better reflection of hemoglobin testing in 2009.

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective			60	62	64
Annual Indicator	20.5	57.9	87.9	93.4	64.4
Numerator	30	81	123	127	94
Denominator	146	140	140	136	146
Data Source				MCH School Outreach data	MCH School Outreach
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	66	68	68	69	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

None



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: AS**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	<u>11</u>	<u>11</u>	<u>10</u>	<u>10</u>	<u>10</u>
Annual Indicator	<u>11.3</u>	<u>11.1</u>	<u>8.5</u>	<u>11.6</u>	<u>8.8</u>
Numerator	<u>19</u>	<u>18</u>	<u>11</u>	<u>16</u>	<u>12</u>
Denominator	<u>1,680</u>	<u>1,625</u>	<u>1,291</u>	<u>1,375</u>	<u>1,361</u>
Data Source				HISO-ASHA	HISO-ASHA

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	<u>11</u>	<u>11</u>	<u>10</u>	<u>10</u>	<u>9</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,680	1,625	1,291	1,375	1,361
Data Source				HISO-ASHA	HISO-ASHA
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	7	6	6	5	5
Annual Indicator	7.1	6.2	5.4	5.8	4.4
Numerator	12	10	7	8	6
Denominator	1,680	1,625	1,291	1,375	1,361

Data Source

HISO-ASHA

HISO-ASHA

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	8	7	7	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	5	4	4	3	3
Annual Indicator	4.2	4.9	3.1	5.8	4.4
Numerator	7	8	4	8	6
Denominator	1,680	1,625	1,291	1,375	1,361
Data Source				HISO- ASHA	HISO-ASHA

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	8	7	7	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	16	16	16	15	15
Annual Indicator	14.2	12.8	11.6	11.6	6.6
Numerator	24	21	15	15	9
Denominator	1,694	1,638	1,298	1,298	1,364

Data Source

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	15	15

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None



**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	55	54	54	53	52
Annual Indicator	48.8	55.7	15.9	58.1	58.1
Numerator	10	12	4	12	12
Denominator	20,486	21,549	25,154	20,648	20,648
Data Source				2000 Census	2000 Census

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	58	58	57	57	56
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: AS**

**Form Level Notes for Form 12**

None

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: AS**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 8

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: AS    FY: 2011**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1.        Increasing immunization coverage for young children.
2.        Increasing adequacy of prenatal care for pregnant women.
3.        Improving oral health services in the Well Baby clinics.
4.        Improving BMI of children 2-5 years old.
5.        Improving nutritional status of infants, children and their families.
6.        Increase the number of infants who are breastfed.
7.        Improve oral health in children 0 - 5 years.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: AS

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Improving data capacity for AS.	Data infrastructure and capacity need development and strengthening.	Unknown
2.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Improving data analysis capacity.	Data analysis and epidemiological capacity needs to be developed.	Dr. Henry Ichiho
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			



	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: AS**

SP(Reporting Year) # 1

**PERFORMANCE MEASURE:**

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

**STATUS:**

Active

**GOAL**

Increase percent of infants born to women receiving adequate prenatal care according to the Kotelchuk Index.

**DEFINITION**

**Numerator:**

Number of live births to women who received adequate PNC in calendar year

**Denominator:**

Total live births of calendar year

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Post Partum Cards and Medical Records Data issues: prenatal care information is not listed on the standard birth certificate in American Samoa. This data must be obtained from clinic log books and medical records.

**SIGNIFICANCE**

Early, continuous, and high quality prenatal care is critical to improving pregnancy outcomes.

SP(Reporting Year) # 2

**PERFORMANCE MEASURE:**

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

**STATUS:**

Active

**GOAL**

Increase the percent of CSHCN who have been re-evaluated annually by the Interdisciplinary Team.

**DEFINITION**

**Numerator:**

Number of CSHCN who have had an annual re-evaluation by the Interdisciplinary Team.

**Denominator:**

Total number of CSHCN registered in the program.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CSHCN Program records.

**SIGNIFICANCE**

Children with special health care needs and their families require assistance in accessing and coordinating services for health care. This population requires close case management by a "medical home" which will re-evaluate the effectiveness of arranged plans.

SP(Reporting Year) # 3

**PERFORMANCE MEASURE:**

Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.

**STATUS:**

Active

**GOAL**

Decrease dental caries among 2, 3, and 4 years old in the Well Child Clinics.

**DEFINITION**

**Numerator:**

Children 2, 3, and 4 year olds in Well Child clinics who access dental health services.

**Denominator:**

Total number of children 2, 3, and 4 years old in Well Child Clinics.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Well Child Clinic records.

**SIGNIFICANCE**

Dental caries rates have proven to be very high in American Samoan children. Dental caries is fully preventable and, if left untreated, can seriously compromise a child's quality of life and lead to other illnesses.

SP(Reporting Year) # 4

**PERFORMANCE MEASURE:**

Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.

**STATUS:**

Active

**GOAL**

Increase the percent of 4 month old infants in Well Baby Clinics who are exclusively breastfed.

**DEFINITION**

**Numerator:**

Number of 4 month old infants in Well Baby Clinics who are exclusively breastfed.

**Denominator:**

Number of 4 month olds in Well Baby Clinics.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Well Baby Clinic Records.

**SIGNIFICANCE**

Breastfed infants have significantly fewer doctor's visits in the first year of life due to the increased immunities transferred to the infant during breastfeeding. Evidence shows that breastfeeding is the optimal way to feed an infant up to at least 12 months of age and can contribute positively to mother-child bonding, promote security in the child and decrease the likelihood of S.I.D.S.

SP(Reporting Year) # 5

**PERFORMANCE MEASURE:**

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

**STATUS:**

Active

**GOAL**

Decrease the number of adolescents surveyed with the YRBS who admitted to smoking in the last 30 days.

**DEFINITION**

**Numerator:**

Number of students surveyed (YRBS) who admitted to smoking in the last 30 days.

**Denominator:**

Total number of students surveyed in YRBS.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

YRBS Survey results from DOE.

**SIGNIFICANCE**

Smoking among youth is on the rise in the US and in American Samoa as well. Tobacco is seen as the "threshold" drug which leads to consumption of other drugs. Smoking among adolescents is problematic in that often times, the individual adopts smoking as a long term behavior which leads to illness and possible death. Cigarette smoke is directly linked to low birthweight and prematurity.

**PERFORMANCE MEASURE:**

To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

**STATUS:**

Active

**GOAL**

To improve the nutritional status of children under the age of 12 months old.

**DEFINITION**

Percentage of children with low hemoglobin at 1 year of age.

**Numerator:**

Number of children with hemoglobin measuring less than 11 at on year of age.

**Denominator:**

Total number of 1 year old children seen in well baby clinics.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Well child care records

**SIGNIFICANCE**

Hemoglobin is a measure of nutritional status. At 6 months of age 54% of infants in American Samoa have low hemoglobin (less than 11)



PERFORMANCE MEASURE:	Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.
STATUS:	Active
GOAL	To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.
DEFINITION	<p><b>Numerator:</b> Number of CSN who assess dental services</p> <p><b>Denominator:</b> Total number of known CSN</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	CSN Program data
SIGNIFICANCE	Children with special healthcare needs appear to utilize dental health services at a disproportionate rate. This measure is intended to increase utilization of dental health services by this population.

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: AS**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	162.6	160.9	25.6
Numerator	0	0	143	152	16
Denominator	8,941	8,872	8,796	9,445	6,256

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

There is a discrepancy in the data reported for this measure in both numerator and denominators. The discrepancies are attributed to reporting issues each year. The denominator data were different population estimates, the number reported for 2009 was based on the 2000 Census. The number reported for 2008 was based on an inter-census estimate. The number of reported cases are from the discharge data reported by the hospital.

- Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for Year 2007 for this performance measure was not available at the time of this report. Data will be reported as soon as it becomes available.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>90.7</u>	<u>71.7</u>	<u>63.3</u>	<u>65.5</u>
<b>Numerator</b>	<u>1,726</u>	<u>1,417</u>	<u>926</u>	<u>1,315</u>	<u>1,362</u>
<b>Denominator</b>	<u>1,726</u>	<u>1,562</u>	<u>1,291</u>	<u>2,078</u>	<u>2,078</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby clinics. More specifically, this data was collected from only two Well Baby Clinics, Tafuna Family Health Center and CII (Central). Thus the reason for the significant drop in data reported. Data from Amouli and Leone clinics are not available at this time. Once it is available it will be reported.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>90.7</u>	<u>71.7</u>	<u>63.0</u>	<u>65.3</u>
<b>Numerator</b>	<u>1,726</u>	<u>1,417</u>	<u>926</u>	<u>1,315</u>	<u>1,362</u>
<b>Denominator</b>	<u>1,726</u>	<u>1,562</u>	<u>1,291</u>	<u>2,087</u>	<u>2,087</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The denominator reported for 2008 is a mid-census population estimate for the number of infants less than 1 year of age. The numerator is the number of children seen by MCH in the Well Baby Clinics, as there is no Medicaid or SCHIP eligibility criteria.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>14.7</u>	<u>18.8</u>	<u>22.1</u>	<u>19.5</u>	<u>70.3</u>
<b>Numerator</b>	<u>73</u>	<u>103</u>	<u>96</u>	<u>225</u>	<u>471</u>
<b>Denominator</b>	<u>496</u>	<u>547</u>	<u>435</u>	<u>1,153</u>	<u>670</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

American Samoa does not collect birth data on the current birth certificate. Therefore those data are not available from vital statistics. The data reported for this measure is a sampling of post partum records with completed data, meaning all data field required to calculate the KI was documented.

- Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>6,094</u>	<u>4,972</u>	<u>4,756</u>	<u>4,598</u>	<u>4,598</u>
<b>Denominator</b>	<u>6,094</u>	<u>4,972</u>	<u>4,756</u>	<u>4,598</u>	<u>4,598</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

This data is reported from children seen by MCH at the Well Child Clinics, where 100% of children are presumed Medicaid eligible.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

This data is reported from children seen by MCH at the Well Child Clinics, where 100% of children are presumed Medicaid eligible.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported are children served at the Well Baby Clinics whom are presumed 100% eligible.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>63.7</u>	<u>43.0</u>	<u>56.6</u>	<u>60.7</u>	<u>50.6</u>
<b>Numerator</b>	<u>382</u>	<u>626</u>	<u>810</u>	<u>639</u>	<u>540</u>
<b>Denominator</b>	<u>600</u>	<u>1,455</u>	<u>1,430</u>	<u>1,053</u>	<u>1,067</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The data reported for this measure reflects the number of 3rd grade children seen by the School Outreach team. Second grades were also seen but data is not yet available. There is no Medicaid/SCHIP eligibility criteria, all children are presumed eligible.

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported for this measure reflects the number of 3rd grade children seen by the School Outreach team. There is no Medicaid/SCHIP eligibility criteria, all children are presumed eligible.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This measure does not apply to American Samoa as we are not eligible for SSI.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

American Samoa is not eligible for SSI, this measure does not apply.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This measure does not apply to American Samoa as we are not eligible for SSI.





**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: AS**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2009	Other	_____	_____	_____1
b) <i>Infant deaths per 1,000 live births</i>	2009	Other	_____	_____	_____11.6
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Other	_____	_____	_____23.1
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Other	_____	_____	_____70.3

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: AS**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">200</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">2</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">9</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">10</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">21</div> )	2009	<div style="text-align: right;">200</div> <div style="text-align: right;">200</div> <div style="text-align: right;">200</div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">200</div>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: AS**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>2</u> to <u>5</u> ) (Age range <u>6</u> to <u>9</u> ) (Age range <u>10</u> to <u>21</u> )	2009	<u>200</u> <u>200</u> <u>200</u>
c) <i>Pregnant Women</i>	2009	<u>200</u>

## FORM NOTES FOR FORM 18

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and the Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: vital statistics
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: census estimates
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: MCH Data system
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: Usually obtain this data from vital statistics but it was not available at this time, so this percent is provisional
5. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: HISO-ASHA for both numerator and denominator
6. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: MCH Data system
7. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data source: MCH Data system

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: AS**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: AS**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None



FORM 20  
HEALTH STATUS INDICATORS #01-#05  
MULTI-YEAR DATA  
STATE: AS

Form Level Notes for Form 20

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	<u>3.8</u>	<u>2.8</u>	<u>3.3</u>	<u>1.6</u>	<u>0.7</u>
Numerator	<u>65</u>	<u>41</u>	<u>42</u>	<u>21</u>	<u>10</u>
Denominator	<u>1,720</u>	<u>1,442</u>	<u>1,291</u>	<u>1,338</u>	<u>1,361</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

None

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>			
	2005	2006	2007	2008	2009
Annual Indicator	<u>3.0</u>	<u>2.6</u>	<u>3.0</u>	<u>1.5</u>	<u>0.1</u>
Numerator	<u>51</u>	<u>37</u>	<u>38</u>	<u>20</u>	<u>2</u>
Denominator	<u>1,689</u>	<u>1,424</u>	<u>1,271</u>	<u>1,320</u>	<u>1,349</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.3</u>	<u>0.6</u>	<u>0.5</u>	<u>0.4</u>	<u>0.1</u>
Numerator	<u>5</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>1</u>
Denominator	<u>1,720</u>	<u>1,442</u>	<u>1,291</u>	<u>1,338</u>	<u>1,361</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?					
				Provisional	Final

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

**Annual Indicator Data**

	2005	2006	2007	2008	2009
Annual Indicator	0.3	0.6	0.6	0.5	0.1
Numerator	5	8	7	6	1
Denominator	1,689	1,424	1,271	1,320	1,349

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

Final

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	<u>4.0</u>	<u>4.4</u>	<u>3.8</u>	<u>3.9</u>	<u>0.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>
Denominator	<u>24,852</u>	<u>22,720</u>	<u>26,444</u>	<u>25,783</u>	<u>22,212</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?					
				Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>4.4</u>	<u>3.8</u>	<u>0.0</u>	<u>4.5</u>
<b>Numerator</b>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>
<b>Denominator</b>	<u>24,852</u>	<u>22,720</u>	<u>26,444</u>	<u>25,783</u>	<u>22,212</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>28.4</u>	<u>27.6</u>	<u>0.0</u>	<u>8.5</u>	<u>20.0</u>
<b>Numerator</b>	<u>3</u>	<u>3</u>	<u>0</u>	<u>1</u>	<u>2</u>
<b>Denominator</b>	<u>10,579</u>	<u>10,870</u>	<u>11,546</u>	<u>11,772</u>	<u>9,999</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>58.4</u>	<u>94.5</u>	<u>77.6</u>	<u>319.6</u>
<b>Numerator</b>	<u>0</u>	<u>13</u>	<u>25</u>	<u>20</u>	<u>71</u>
<b>Denominator</b>	<u>23,179</u>	<u>22,270</u>	<u>26,444</u>	<u>25,783</u>	<u>22,212</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Final

**Field Level Notes**

None



**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>53.7</u>	<u>39.6</u>	<u>41.6</u>	<u>38.8</u>	<u>0.0</u>
<b>Numerator</b>	<u>11</u>	<u>9</u>	<u>11</u>	<u>10</u>	<u>0</u>
<b>Denominator</b>	<u>20,486</u>	<u>22,720</u>	<u>26,444</u>	<u>25,783</u>	<u>22,212</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>51.6</u>	<u>36.8</u>	<u>129.9</u>	<u>101.9</u>	<u>0.0</u>
<b>Numerator</b>	<u>5</u>	<u>4</u>	<u>15</u>	<u>12</u>	<u>0</u>
<b>Denominator</b>	<u>9,699</u>	<u>10,870</u>	<u>11,546</u>	<u>11,772</u>	<u>9,999</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.2</u>	<u>11.7</u>	<u>10.2</u>	<u>10.7</u>	<u>6.1</u>
<b>Numerator</b>	<u>1</u>	<u>35</u>	<u>30</u>	<u>32</u>	<u>15</u>
<b>Denominator</b>	<u>5,611</u>	<u>2,990</u>	<u>2,946</u>	<u>2,994</u>	<u>2,476</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>0.1</u>	<u>4.1</u>	<u>4.4</u>	<u>7.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>1</u>	<u>46</u>	<u>54</u>	<u>86</u>	<u>0</u>
<b>Denominator</b>	<u>11,659</u>	<u>11,260</u>	<u>12,138</u>	<u>12,348</u>	<u>10,197</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

None



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,361	6	0	0	45	1,310	0	0
Children 1 through 4	7,370	0	0	0	0	7,370	0	0
Children 5 through 9	9,419	0	0	0	0	9,419	0	0
Children 10 through 14	7,987	0	0	0	0	7,987	0	0
Children 15 through 19	6,317	0	0	0	0	6,317	0	0
Children 20 through 24	5,413	0	0	0	0	5,413	0	0
Children 0 through 24	37,867	6	0	0	45	37,816	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	1,361	0	0
Children 1 through 4	7,370	0	0
Children 5 through 9	9,419	0	0
Children 10 through 14	7,987	0	0
Children 15 through 19	6,317	0	0
Children 20 through 24	5,413	0	0
Children 0 through 24	37,867	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	0	0	0	0	0	0	0	0
Women 15 through 17	29	0	0	0	0	29	0	0
Women 18 through 19	194	0	0	0	0	194	0	0
Women 20 through 34	934	0	0	0	0	934	0	0
Women 35 or older	218	0	0	0	0	218	0	0
Women of all ages	1,375	0	0	0	0	1,375	0	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	0	0	0
Women 15 through 17	29	0	0
Women 18 through 19	194	0	0
Women 20 through 34	934	0	0
Women 35 or older	218	0	0
Women of all ages	1,375	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	12	0	0	0	0	12	0	0
Children 1 through 4	12	0	0	0	0	12	0	0
Children 5 through 9	1	0	0	0	0	1	0	0
Children 10 through 14	1	0	0	0	0	1	0	0
Children 15 through 19	1	0	0	0	0	1	0	0
Children 20 through 24	1	0	0	0	0	1	0	0
Children 0 through 24	28	0	0	0	0	28	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	12	0	0
Children 1 through 4	12	0	0
Children 5 through 9	1	0	0
Children 10 through 14	1	0	0
Children 15 through 19	1	0	0
Children 20 through 24	1	0	0
Children 0 through 24	28	0	0



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	32,454	0	0	0	0	32,454	0	0	2009
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2009
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2009
Number living in foster home care	0	0	0	0	0	0	0	0	2009
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2009
Number enrolled in WIC	6,000	0	0	0	0	6,000	0	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	32,454	0	0	2009
Percent in household headed by single parent	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	2009
Number enrolled in SCHIP	0	0	0	2009
Number living in foster home care	0	0	0	2009
Number enrolled in food stamp program	0	0	0	2009
Number enrolled in WIC	6,000	0	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2009

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>GEOGRAPHIC LIVING AREAS</b>	<b>TOTAL</b>
Living in metropolitan areas	<u>0</u>
Living in urban areas	<u>1,642</u>
Living in rural areas	<u>12,045</u>
Living in frontier areas	<u>0</u>
<b>Total - all children 0 through 19</b>	<u>13,687</u>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	57,291.0
Percent Below: 50% of poverty	28.0
100% of poverty	60.0
200% of poverty	87.0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AS**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>57,291.0</u>
Percent Below: 50% of poverty	<u>28.0</u>
100% of poverty	<u>60.0</u>
200% of poverty	<u>87.0</u>

**FORM NOTES FOR FORM 21**

Data source: 2000 Census

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AS**

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of 15 month old children with completed immunizations.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Source	<input type="text"/>				
Is the Data Provisional or Final?	<input type="text"/>				

  

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of pregnant women who receive adequate prenatal care based on the Kotelchuck Index.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of 1 year old children attending well baby clinics who receive a package of oral hygiene services (caregiver education, fluoride varnishes, 1 toothbrush/washcloth, sticker)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None



**STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of 2-5 year old children in well baby clinics not receiving WIC who have a BMI equal to or greater than 85%.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of 1 year old children attending well baby clinic who received a Hgb screening.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Percent of CSHCN who have annual assessments completed.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Number of youth and families who participate in BodyWorks class during the project year.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: AS**

**Form Level Notes for Form 12**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: AS**

SP(New for Needs Assessment cycle 2011-2015) # 1

**PERFORMANCE MEASURE:** Percent of 15 month old children with completed immunizations.

**STATUS:** Active

**GOAL** Improve immunization coverage for children.

**DEFINITION** 4 DtaP 3 Hepatitis 1 MMR 3 Polio 3 Hib

**Numerator:**  
Number of 15 month olds who have completed immunizations.

**Denominator:**  
Total number of 15 month olds.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE** HP 2010 Obj. 14-24

**DATA SOURCES AND DATA ISSUES** Immunization Registry, Census Data, ASMCA Medical Records/CPRS, Health center records.

**SIGNIFICANCE** Infectious disease remain important causes of preventable illness in the US despite significant reductions in incidence in the past 100 years. Vaccines are among the safest and most effective preventive measures.

SP(New for Needs Assessment cycle 2011-2015) # 2

<b>PERFORMANCE MEASURE:</b>	Percent of pregnant women who receive adequate prenatal care based on the Kotelchuck Index.
<b>STATUS:</b>	Active
<b>GOAL</b>	To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.
<b>DEFINITION</b>	<p>Prenatal care is considered Adequate when care was initiated in the first 13 weeks, and 80% - 109% of expected prenatal visits were received.</p> <p><b>Numerator:</b> Number of pregnant women with adequate prenatal care based on the Kotelchuck Index.</p> <p><b>Denominator:</b> Total number of births.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	Early and adequate prenatal care.
<b>DATA SOURCES AND DATA ISSUES</b>	Postpartum Data
<b>SIGNIFICANCE</b>	This will significantly improve infant mortality rate and health outcomes.



<b>PERFORMANCE MEASURE:</b>	Percent of 1 year old children attending well baby clinics who receive a package of oral hygiene services (caregiver education, fluoride varnishes, 1 toothbrush/washcloth, sticker)
<b>STATUS:</b>	Active
<b>GOAL</b>	Improve oral health status of infants and children 0-5 years of age.
<b>DEFINITION</b>	<p>oral hygiene</p> <p><b>Numerator:</b> Number of 1 year old children attending well baby clinic who receive the total package of oral hygiene services.</p> <p><b>Denominator:</b> Total number of 1 year old children attending well baby clinic.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	Reduce the proportion of children and adolescents who have dental caries experience in their primary
<b>DATA SOURCES AND DATA ISSUES</b>	Well Baby Clinics Data
<b>SIGNIFICANCE</b>	Decrease prevalence of dental caries in children.

<b>PERFORMANCE MEASURE:</b>	Percent of 2-5 year old children in well baby clinics not receiving WIC who have a BMI equal to or greater than 85%.
<b>STATUS:</b>	Active
<b>GOAL</b>	Decrease percent of 2-5 year old with a BMI equal to or greater than 85%.
<b>DEFINITION</b>	<p>BMI</p> <p><b>Numerator:</b> Number of 2-5 year old children attending well baby clinics but not receiving WIC services and have BMI greater than or equal to 85%.</p> <p><b>Denominator:</b> Total number of 2-5 year old children attending well baby clinic.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	Reduce the proportion of children and adolescents who are overweight or obese.
<b>DATA SOURCES AND DATA ISSUES</b>	Well Baby Clinics
<b>SIGNIFICANCE</b>	Decrease number of overweight and obese children in American Samoa.

<b>PERFORMANCE MEASURE:</b>	Percent of 1 year old children attending well baby clinic who received a Hgb screening.
<b>STATUS:</b>	Active
<b>GOAL</b>	Improve anemia screening for children.
<b>DEFINITION</b>	<p>Anemia is defined as Hgb reading &lt;11gm/dl.</p> <p><b>Numerator:</b> Number of 1 year old children attending well baby clinic who received a Hgb test after 9 months of age</p> <p><b>Denominator:</b> Total number of 1 year old children attending well baby clinic</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	<p>HP 2010 Obj. 19.12</p> <p>Iron deficiency in young children and in females of childbearing age.</p>
<b>DATA SOURCES AND DATA ISSUES</b>	Well Baby Clinic
<b>SIGNIFICANCE</b>	Improve the number of children who are healthy and not Anemic.

<b>PERFORMANCE MEASURE:</b>	Percent of CSHCN who have annual assessments completed.
<b>STATUS:</b>	Active
<b>GOAL</b>	Increase percentage of CSHCN clients who receive an annual assessment.
<b>DEFINITION</b>	<p>CSHCN assessments</p> <p><b>Numerator:</b> Number of CSN in the program who have received an annual assessment</p> <p><b>Denominator:</b> Number of CSN known to the program</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	<p>Obj. 16.22</p> <p>Increase the proportion of CSHCN who have a medical home.</p>
<b>DATA SOURCES AND DATA ISSUES</b>	CSHCN
<b>SIGNIFICANCE</b>	Improve quality of health care services that are available and utilized by CSHCN clients. This will definitely improve their health outcomes.

<b>PERFORMANCE MEASURE:</b>	Number of youth and families who participate in BodyWorks class during the project year.
<b>STATUS:</b>	Active
<b>GOAL</b>	Promote healthy living in American Samoa.
<b>DEFINITION</b>	<p>The BodyWorks curriculum will be used for healthy lifestyle class.</p> <p><b>Numerator:</b> # of families who complete the BodyWorks class.</p> <p><b>Denominator:</b> # of families served by MCH.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	19-3
<b>DATA SOURCES AND DATA ISSUES</b>	Health Education records, clinic records.
<b>SIGNIFICANCE</b>	Overweight and obesity are epidemic in American Samoa. Overweight is associated with increased prevalence of chronic diseases such as cardiovascular disease, and type 2 diabetes mellitus.

